

Use of Force Civilian Complaints January 2013 Through December 2018

System #	Incident Date	Incident Time	Complaint Date	Complaint Time	Comptype	Race	Sex	Age	Status
87	3/31/2013	0139	5/22/2013	1240	IND	W	M	37	Unsustained
52	7/11/2013	0151	7/11/2013	0230	GRP	W	M	27	Unfounded
107	10/22/2014	1107	10/22/2014	1512	IND	W	M	39	Shift Level
184	8/25/2017	1949	10/17/2017	1400	IND	W	M	26	Unsustained
188	3/3/2018	1825	3/6/2018	1115	GRP	W	M	40	Exonerated

Civilian Complaint Form
Informe De Querella Civil

Milford Police Department
430 Boston Post Road, Milford, CT 06460
(203) 878-6551

Complaint No.

revised 7/1/04

Date & Time Reported <i>Hora y Fecha de Informe</i> 5/22/13 1240		Date & Time of Incident <i>Hora y Fecha De Querella</i> 3/31/13		Location of Incident <i>Lugar De Informe</i> SBC Milford CT	
Complainant's Last Name <i>Apellido De Querellante</i> Sileo		First Name <i>Nombre</i> Paul		Date of Birth <i>Fecha De Nacimiento</i> 3/31/76	
				Race <i>Raza</i> White	
Mailing Address / Apt. or Floor <i>Direccion Postal/Apt. o Piso</i> 75 Birchwood Rd Seymour CT 06483			City, State, Zip Code <i>Ciudad, Estado</i> Seymour, CT 06483		
Day Phone <i>tel. Dia</i> 203 223 0413			Evening Phone <i>tel. Noche</i> 203 223 0413		
Witness's Last Name <i>Apellido De Testigo(s)</i> Sileo		First Name <i>Nombre</i> Rich		Day Phone / Evening Phone <i>Tel. Dia / Tel. Noche</i> 203 912 9660	
Nagel		Blanca		203 921 9244	
Name of Police Department Member(s) involved - If unknown, Provide Description <i>Nombre del Policia(s) - Si Lo Desconoce, Provea Descripcion</i> Duranj off Duties? Bouncers?				Shield # <i>Num de placa</i> 4216	
Details of Complaint (Use reverse side if more space is required) <i>Provea los detalles de su querella. (Si Necesitas mas espacio use la reversa de esta aplicacion)</i> My Brother His wife, myself and Girlfriend went out. I had an altercation with a guy and his friends on the Dance floor. After He grab my girl friends butt and then showed her. I confronted him. He and his friends attacked me. Then the Bouncer/officer? tackled me from behind into a wall (head first). Hit me a few times. Then throw me outside with the guys from inside. The guys were saying stuff then spit on me.					
Complainant's Signature <i>Firma del querellante</i> X/ [Signature]		Date <i>Fecha</i> 5/22/13		Police Officer Receiving Complaint Form <i>Personal Policia Reciviendo Informacion</i> Sgt. [Signature]	

Some the fight continued. Only then for or five
guys - approached me. No one ~~looked~~ was in uniform
they were yelling and were dressed in Black, I Backed up
To the island in the parking lot to flee. These guys
looked like Bouncers. No one of them was in
uniform or said police. I was then tackled,
and beaten with a club 10 to 15 times. In the
Head and knees and Back. ^{surface} Please see your
photos and photos I have. I never knew
These guys were cops? were they? one
~~fact~~ Eventually showed up. I heard people calling

911 - as though no one Realised these
people were cops. It was ~~as~~ not known be
The witnesses or myself why I was being beaten
or ~~to~~ treated like and animal. Please investigate
This matter. Thanks

Case #2078-13

Paul Silver

(also broke my nose!)

MILFORD POLICE DEPARTMENT MEMO

TO: Lieutenant B. Marschner
FROM: Lieutenant W. Cable
SUBJECT: Civilian Complaint - Tim Cook
DATE: July 19, 2013

On July 11, 2013 Tim Cook called to report that he was assaulted by two Off Duty Milford Police Officers. He said that the incident occurred earlier that morning (around 0030 hours) at the Kings Court which is located at 229 Bridgeport Avenue. He stated that he sustained injuries to his left eye, left lip, and that he lost his glasses which rendered him "without vision". Mr. Cook refused to cooperate with this investigation and would not provide any further information.

Sergeant Burton responded to the Kings Court and determined that there were several off duty officers in the establishment when this incident occurred. They were Officer Lennon, Officer Noss, Officer A. Moreno, Officer Ballard, and Officer Aquino. Two employees of the business gave statements indicating that a male whom they believed to be Mr. Cook was involved in an altercation which they tried to diffuse. They were unable to diffuse the situation without assistance and feared that it was escalating so they asked for the off duty officers help. Officer Lennon, Officer Noss, Officer A. Moreno, and Officer Ballard helped to escort the unruly patrons out of the establishment. Officer Lennon was still on scene and verified this account. He completed a report documenting what happened. Officer Aquino was determined to be in the bathroom during this incident and was not involved. The other officers completed supplemental reports documenting their roles. During the subsequent investigation I responded to the scene and was unable to locate any evidence to substantiate Mr. Cook's claims. I did notice damage to the exterior of the establishment which is assumed to have been caused by Mr. Cook and the other combatants in the initial confrontation. It is believed that they caused this damage after being escorted out of the establishment by the off duty officers. Each officer mentioned above was issued a memorandum of inquiry in regards to this incident and they each submitted their response within contractual time limits. Their responses were consistent with the statements received from the impartial witnesses. All information obtained indicates that these off duty officers conducted themselves professionally and diffused a potentially violent episode without force. The impartial witnesses (business employees) were very complimentary of our officers and thankful for their assistance.

I contacted Mr. Cook on July 17, 2013 to attempt to obtain further information from him. He indicated that he was not injured and that he did not want to file a complaint. He refused to meet with me, provide any witness information, or go over what he previously reported. He thanked me for listening to him and then ended the conversation.

Based on the information obtained I would classify Mr. Cook's complaint as unfounded.

Civilian Complaint Form

Informe De Querella Civil

Milford Police Department

430 Boston Post Road, Milford, CT 06460

(203) 878-6551

Complaint No.

revised 7/1/04

Date & Time Reported <i>Hora y Fecha de Informe</i> 10/22/14 2529M		Date & Time of Incident <i>Hora y Fecha De Querella</i> 10/22/14 11:00 AM		Location of Incident <i>Lugar De Informe</i> Johnston Lower High School	
Complainant's Last Name <i>Apellido De Querellante</i> [REDACTED]		First Name <i>Nombre</i> [REDACTED]		Date of Birth <i>Fecha De Nacimiento</i> [REDACTED]	Race <i>Raza</i> W
Mailing Address / Apt. or Floor <i>Direccion Postal/Apt. o Piso</i> [REDACTED] Milford CT			City, State, Zip Code <i>Ciudad, Estado</i> Milford CT 06461		
Day Phone <i>tel. Dia</i> [REDACTED]			Evening Phone <i>tel. Noche</i> Same		
Witness's Last Name <i>Apellido De Testigo(s)</i> [REDACTED]		First Name <i>Nombre</i> Barbara		Day Phone / Evening Phone <i>Tel. Dia / Tel. Noche</i>	
Name of Police Department Member(s) Involved - If unknown, Provide Description <i>Nombre del Policia(s) - Si Lo Desconoce, Provea Descripcion</i> Officer Kieley				Shield # <i>Num de placa</i>	
Details of Complaint (Use reverse side if more space is required) <i>Provea los detalles de su querella. (Si Necesitas mas espacio use la reversa de esta aplicacion)</i> Officer Kieley man handled my 16 years old daughter, used restraining devices such as straps and handcuffs. Officer Kieley also made threats to my wife and daughter that he would arrest them both as well as my whole family he then sent my daughter to Yale Psych hospital for a mandatory 3-day stay. The doctor and ambulance drivers both agreed that this whole					
Complainant's Signature <i>Firma del querellante</i> [Signature]		Date <i>Fecha</i> 10/22/14		Police Officer Receiving Complaint Form <i>Personal Policia Reciviendo Informacion</i> Sgt. A. Pina #332	

Thing could have been avoided and his use
of force was not necessary. My daughter
[REDACTED] was Released from Yale in 1-hour
[REDACTED] has bruises on her wrist, and in

and her Left Shoulder is very sore

Officer Kiley also used profanity toward
my wife and daughter. Very unprofessional.

MILFORD POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Chief Keith L. Mello, Attention: Internal Affairs, Milford Police Department, 430 Boston Post Road, Milford, Connecticut 06460. Email: police@ci.milford.ct.us

Date of Incident 08/25/2017	Time of Incident 8:00 p.m.	Date Reported	Time Reported
Location of Incident Woodmont Road, Milford, CT			
Complainant's Name *(NOT REQUIRED)* Curtis Green		Complainant's Address (Street, City, State, ZIP)* 75 Locust St. Milford, CT 06461	
Complainant's DOB 12/16/1990	Complainant's Home Phone# 203-687-7648	Complainant's Work Phone#	
Complainant's Cell Phone#		Complainant's E-mail	
Name of Person Assisting Complainant Attorney Tara L. Knight		Address 2 Lincoln St. New Haven, CT	Telephone 203-624-6115
Employee Complained about (If known): (Name or physical description, Badge #, Car #, etc.) Detective B. McMahon Case No. 2017004378			
Witness Information (Name, D.O.B., Address, Telephone #, etc.) Other Officer & Passengers in Car			
Please provide answers to the following questions:		YES	NO
1. To your knowledge, was all or any part of the Incident complained of video or audio taped by anyone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you able to read, write and speak the English Language?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?		<input type="checkbox"/>	<input type="checkbox"/>
(If you answered "Yes" to any of the above questions, please provide details below.)		UNSURE	<input type="checkbox"/>
Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video, or audio tapes, etc.			

On August 25th, 2017 at around 8:00 p.m. I was driving down the Post Road going with the flow of traffic near the McDonalds. An unmarked police SUV suddenly came up and tried to hit me. When that happened, I had to drive around another car in front of me to avoid being hit. I stopped on Woodmont about 100 feet away and pulled over to the side of the road.

After I stopped, four police in plain clothes surrounded the car with their guns drawn on us shouting orders for me to put my keys on the roof of the car. I slowly reached out of the driver's window with the keys in my left hand to place them on the roof. As soon as I did this the police officer grabbed my arm, pulled it backwards and broke my arm. He then opened the door and used my broken arm to drag me out of the car. He threw me to the ground and my knees got scratched. I laid there for maybe 30 minutes with my broken arm underneath my body. I never gave police consent to search my car. Two police stood over me and one had a gun out. After a while an ambulance came and took me to the hospital. Police also took my glasses and phone away. The doctor told me that the officer shattered the humerus in my left arm. I also had scratches on my knees and ended up having a black eye.

(Attach additional pages, if necessary)

Complainant's Signature (NOT REQUIRED)

Date and Time Signed

Person Receiving the Complaint

Rank/ Name/ ID Number

Date Received

Time Received

Method of Contact (Check): ☐ Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other

Signature of person receiving complaint

Complaint Control Number

Complainant's contact information is not required

Revised 1-27-17

RECEIVED
NOV 30 2017
BY: *[Signature]*
305

CASE # 1093-18
CC Sys# 188

MILFORD POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Chief Keith L. Mello, Attention: Internal Affairs, Milford Police Department, 430 Boston Post Road, Milford, Connecticut 06460. Email: police@ci.milford.ct.us

Date of Incident 3-3-18	Time of Incident 1730	Date Reported 3-6-18	Time Reported 1115	
Location of Incident 142 Woodruff Rd Milford CT				
Complainant's Name *(NOT REQUIRED)* Christopher Croings		Complainant's Address (Street, City, State, ZIP)*		
Complainant's DOB 12/23/77	Complainant's Home Phone#	Complainant's Work Phone#		
Complainant's Cell Phone# 203-464-2339		Complainant's E-mail		
Name of Person Assisting Complainant		Address	Telephone	
Employee Complained about (If known): (Name or physical description, Badge #, Car #, etc.) Preta Deida				
Witness Information (Name, D.O.B., Address, Telephone #, etc.)				
Please provide answers to the following questions:		YES	NO	UNSURE
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If you answered "Yes" to any of the above questions, please provide details below.)				
Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes, etc. Mr. Croings was home when an Officer knocked on the front door. He identified himself as Christopher Croings and Officers made him aware				

that there was a warrant for his arrest. Mr. Goings asked what it was for and then asked to get his shoes on and maybe a coat. Two Officers grabbed him by his right arm and by the jacket and pulled him outside and to the ground. Several other Officers then ran over and knelt on his back. One was jumping up & down with his knee on Mr. Goings' back. One Officer knelt him in the top of the head several times. Someone was holding his head down into the pavement at that point Mr. Goings states he pulled his left arm up near his head to protect himself. Mr. Goings states that at one point he was being knelt on so hard that he could not breathe. He states that he knows Officer Daida & Officer Preto were on scene. Mr. Goings sustained bruising on the left and right side of his face. There were also lacerations to both sides of nose, face and forehead. Milford Hospital informed him there was a fracture to his nose. There was also swelling to the top, right and left side of his head. Left hand has marks due to tightness of handcuffs. Mr. Goings states that he had neck pain from either being kicked or knelt in the head/neck.

(Attach additional pages, if necessary)

Complainant's Signature (NOT REQUIRED)	Date and Time Signed
<i>Ch...</i>	3/6/18 11:40

Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received
Sgt. Wardowski 2118	3/6/18	1115

Method of Contact (Check): ☐ Telephone ☒ In-Person ☐ Mail ☐ E-Mail ☐ Other

Signature of person receiving complaint	Complaint Control Number
<i>[Signature]</i> 358	

Complainant's contact information is not required